08302

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS 212 Tyler St. (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) BABY (Middle) COULBOURNE (Last) (twin)
4. DATE OF DEATH (Month) (Day) (Year) Aug. 12, 1951 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Aug. 12, 1951
9. AGE last birthday --- yrs. If under 1 year Months Days If under 24 hrs. Hours 1 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Frank Coulbourne
14. MOTHER'S MAIDEN NAME Evangeline Lane

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Evangeline Coulbourne-212 Tyler St.

18. MEDICAL CERTIFICATION Crisfield, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Twin birth

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1951, to Aug 12, 1951 that I last saw the deceased alive on Aug 12, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

SIGNATURE S. M. Peyton (Degree or title) M.D. ADDRESS Crisfield, Md DATE SIGNED Aug 13, '51

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF Aug. 13, 1951
NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery
LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 8-13-51
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield

218121293 240

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 20 1991
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08303

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 212 Tyler St.

3. NAME OF DECEASED (Type or Print): (First) BABY (Middle) COULBOURNE (Last) (twin)
4. DATE OF DEATH: (Month) (Day) (Year) Aug. 12, 1951
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug. 12, 1951
9. AGE last birthday: --- yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---------
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Frank Coulbourne
14. MOTHER'S MAIDEN NAME: Evangeline Lane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. Evangeline Coulbourne- 212 Tyler St. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity — 1 hr.

776X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Twin birth

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 12, 1951, to Aug. 12, 1951, that I last saw the deceased alive on Aug. 12, 1951, and that death occurred at 3:30 A m., from the causes and on the date stated above.

SIGNATURE: S. M. Porter (Degree or title) M.D ADDRESS: Crisfield - Md DATE SIGNED: Aug 13 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Aug. 13, 1951
NAME OF CEMETERY OR CREMATORY: Lawsonia Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG. 8-13-51
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, ADDRESS: Crisfield

21 8 12 1 29 4 240

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AUG 20 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08304

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion — LENGTH OF STAY (In this place) all of life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Somerset County — COUNTY md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion md.
STREET ADDRESS (If rural, give location) Route 1.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Elizabeth	Croswell	8	20	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored.	married	Nov 14, 1885	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife		Somerset County	U.S.a.

13. FATHER'S NAME: Horace S. Coltman

14. MOTHER'S MAIDEN NAME: Harriet Tilghman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Marion Station. Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia - Acute Dil of Heart -	1 wk.
442X Antecedent cause (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis - Chronic	
131a	(c) Int. Nephritis	not known

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 13, 1951, to Aug. 20, 1951, that I last saw the deceased alive on Aug. 19, 1951, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Geo. C. Coulbourn M.D.		Marion Md	August 20 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	August 22, 1951	Wesley Cemetery	Marion,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
August 21, 1951	Betty Massey	George W. Tilghman	Marion, Md.

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 27 1951
BUREAU V. S.

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VS. A15 T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08305

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
LENGTH OF STAY (in this place) 53 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Crisfield
STREET ADDRESS (If rural, give location) Jacksonville, Road

3. NAME OF DECEASED (Type or Print) (First) Lola (Middle) Mae (Last) Daugherty
4. DATE OF DEATH (Month) Aug. (Day) 21 (Year) 1951
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug 18 1898
9. AGE last birthday 53 yrs. If under 1 year Months 0 Days 3 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Clothing factory
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jefferson Swift
14. MOTHER'S MAIDEN NAME Fannie Bethards
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 218-05-8900
17. INFORMANT AND ADDRESS Mrs. Mary E. Evans, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart attack

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Probable Angina Pectoris

(c)

420.2

94b

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

19a. DATE OF OPERATION Sudden
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home Residence
(CITY OR TOWN) Crisfield (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1951 to Dec 1951 that I last saw the deceased alive on Dec 1951 and that death occurred at 8/21/51 m. from the causes and on the date stated above.

SIGNATURE Wm H Coulbourn (Degree or title) ADDRESS Crisfield Md DATE SIGNED 8/21/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 24, 1951
NAME OF CEMETERY OR CREMATORY Sunny Ridge
LOCATION (City, town, or county) Crisfield, (State) Maryland
DATE REC'D BY LOCAL REG. 8-24-51
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Sherward L. Covington, ADDRESS Crisfield, Md.

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08306

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Calvary

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural — Crisfield
STREET ADDRESS (If rural, give location): Calvary

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Clayton (Last) Dairs
4. DATE OF DEATH: (Month) Aug. (Day) 8 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 15, 1888
9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter — House
10b. KIND OF BUSINESS OR INDUSTRY: Painting
11. BIRTHPLACE (State or foreign country): Greenbacksville, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Dairs
14. MOTHER'S MAIDEN NAME: Narcessis F. Sturgis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Myrtle V. Dairs · Calvary, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral Arteriosclerosis	2 yrs
	(c)		

33IX
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 7, 1951, to Aug. 8, 1951, that I last saw the deceased alive on Aug. 7, 1951, and that death occurred at 6:4: m., from the causes and on the date stated above.

SIGNATURE: S. M. Payton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Aug. 8, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug 10/1951
NAME OF CEMETERY OR CREMATORY: American Legion Cem
LOCATION (City, town, or county) (State): Crisfield, Maryland
DATE REC'D BY LOCAL REG.: 8/9/51
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: Durward D. Covington, Crisfield, Md. ADDRESS

564246

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25

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RECEIVED
AUG 13 1951
BUREAU V. S.

Item 3 - Folio 2229 6/2/58

3114

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chesapeake Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Chesapeake Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) H (Last) Dryden

4. DATE OF DEATH: (Month) Aug. (Day) 22 (Year) 19 51

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, OR DIVORCED: Married — 8. DATE OF BIRTH: April 9 1904 — 9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter — 10b. KIND OF BUSINESS OR INDUSTRY: House builder — 11. BIRTHPLACE (State or foreign country): Crisfield Md — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William H Dryden — 14. MOTHER'S MAIDEN NAME: Lydia McCready

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — 16. SOCIAL SECURITY NO. (If yes, give war or dates of service): 218-12-8150 — 17. INFORMANT AND ADDRESS: Lydia Dryden Chesapeake Ave. Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Heart Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) was dead when I saw him. 7/22/51 (c) Natural Cause

William H. Coulbourn M.D. CORONER'S EXAMINER DEPUTY FOR SOMERSET COUNTY, MD.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William H Coulbourn — ADDRESS Crisfield Md — DATE SIGNED Aug 28/51

23. BURIAL, CREMATION OR REMOVAL (Specify) Burial — DATE THEREOF Aug 29 1951 — NAME OF CEMETERY OR CREMATORY Sunny Ridge — LOCATION (City, town, or county) Hopewell (State) Md

DATE REC'D BY LOCAL REG. 8/29/51 — REGISTRAR'S SIGNATURE Betty W. Tyler — 24. FUNERAL DIRECTOR Edward J Covington — ADDRESS Crisfield Md.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Art. 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

3118

1. PLACE OF DEATH — COUNTY: Princess Anne Somerset R.F.D. #3 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne R.F.D. #3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Perry Lewis
4. DATE OF DEATH (Month) (Day) (Year): August 2 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov 15 1875
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Truck farming
11. BIRTHPLACE (State or foreign country): Oriole Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Lewis
14. MOTHER'S MAIDEN NAME: Mary Phoebus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mrs. George Lewis Pr. Ann Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arterial Sclerosis — 6 yrs

x 3a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epilepsy — 4 yrs

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1950, to Aug 22, 1951, that I last saw the deceased alive on Aug 21, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thos. B. Wheeley M.D. Princess Anne, Md. 8/23/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: August 25, 1951
NAME OF CEMETERY OR CREMATORY: Episcopal cemetery
LOCATION (City, town, or county) (State): Venton Md.

DATE REC'D BY LOCAL REG.: 8/24/51
REGISTRAR'S SIGNATURE: R. H. Johnson M.D. Jr.
24. FUNERAL DIRECTOR: [illegible]
ADDRESS: Pr. Anne Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH COUNTY: Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Prince Anne — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Prince Anne
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Home	STREET ADDRESS (If rural, give location): Prince Anne, Md.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Rouser (Last) Peoples

4. DATE OF DEATH (Month) Aug. (Day) 17th. (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	Col.	Married	May 10, 1899	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Peoples	Fannie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		----	Golda Peoples - Prince Anne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Heart Failure & Uremia — 6 wks

441X Antecedent cause(s) (b) Malignant Hypertension &

33d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	none	Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
no		Pocomoke, Md. R-1 Somerset

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
		Died of natural Cause

22. I hereby certify that I attended the deceased from 8/13, 1951, to 8/17, 1951, that I last saw the deceased alive on 8/17/51, 19....., and that death occurred at 3:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Arvine M. Bradford, MD 8/18/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug. 20, 1951	Tindleys Chaple	Pocomoke Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8-21-51	Mrs. Orville Bozman	Edgar Wharton - New Church, Va.

82 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New Jersey — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elizabeth
STREET ADDRESS (If rural, give location): 317 W

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Annie Frances Riggin
4. DATE OF DEATH (Month) (Day) (Year): 8 12 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3/2/1872
9. AGE last birthday: 79 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield Md.
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Curtis Horsey
14. MOTHER'S MAIDEN NAME: Sarah E. Handy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Leroy Riggin 122 Penn Ave Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 3 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial damage — 1 yr

(c) Hypertension — 10 yr

442X 93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at Work ☐ Not While At work ☐: HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 11, 1951, to Aug 12, 1951, that I last saw the deceased alive on Aug 12, 1951, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE: S. M. Peyton — (Degree or title): M.D. — ADDRESS: Crisfield Md. — DATE SIGNED: Aug. 13, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8/14/51 — NAME OF CEMETERY OR CREMATORY: Sunny Ridge — LOCATION (City, town, or county): Somerset — (State): Md.

DATE REC'D BY LOCAL REG.: 8/14/51 — REGISTRAR'S SIGNATURE: Betty W. Tyler — 24. FUNERAL DIRECTOR: Hubward L. Covington — ADDRESS: Crisfield Md.

MARYLAND STATE DEPARTMENT OF HEALTH

18311

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH
COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 81 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mccready

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield R F D
STREET ADDRESS (If rural, give location): R.F.D. 1

3. NAME OF DECEASED (Type or Print): (First) Addison (Middle) (Last) Roach

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: May 19 1870

9. AGE last birthday: 81 yrs. — If under 1 year: Months 2 Days 29 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Hopewell somerset Md

12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: John Roach

14. MOTHER'S MAIDEN NAME: on Know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Thomas Roach crisfield Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - Acute dilation of heart — Interval between onset and death: 6 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic Myocarditis - Chronic — 442X
(c) Int. Nephritis - General Arteriosclerosis — 1310 — years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 49, to Aug. 18, 19 51, that I last saw the deceased alive on Aug. 13, 1951, and that death occurred at 1:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George L Coulbourn M.D. — ADDRESS: Marion Md — DATE SIGNED: August 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: aug 22-51 — NAME OF CEMETERY OR CREMATORY: Masonic Cemetery — LOCATION (City, town, or county) (State): Mapleard, somerset Md

DATE REC'D BY LOCAL REG.: August 21, 1951 — REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Charles H Ward — ADDRESS: Marion md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

31

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Princess Anne
LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Princess Anne, Md.
STREET ADDRESS (If rural, give location): R.F.D #2

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Preston (Last) Smith
4. DATE OF DEATH: (Month) Aug. (Day) 6 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 20, 1900
9. AGE last birthday: 50 yrs. — If under 1 year: Months 1 Days 17 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Princess Anne Somerset
12. CITIZEN OF WHAT COUNTRY? 4.0
13. FATHER'S NAME: Edward Smith
14. MOTHER'S MAIDEN NAME: Elizabeth Windsor
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Ernest Smith, Federalsburgh, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 7 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

14a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 30, 1951 to Aug. 6, 1951, that I last saw the deceased alive on Aug. 6, 1951, and that death occurred at 11 44 a.m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) — ADDRESS: Princess Anne, Md. — DATE SIGNED: 8/7/51

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] — DATE THEREOF: [illegible] — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 8/7/51 — REGISTRAR'S SIGNATURE: R. H. Johnson M.D. gd — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

2906

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

313

CERTIFICATE OF DEATH

Reg. Dist. No. 26 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Jacksonville Road

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LAWRENCE (Last) SOMERS, SR.

4. DATE OF DEATH (Month) (Day) (Year): Aug. 3, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 6, 1896

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Grocer

11. BIRTHPLACE (State or foreign country): Crisfield, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Littleton B. Somers

14. MOTHER'S MAIDEN NAME: Lillian Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Lawrence Somers--Jacksonville Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Intestinal obstruction	1½ days
570.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Rheumatoid Arthritis	33 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 50, to Aug. 3, 19 51, that I last saw the deceased alive on Aug. 3, 19 51, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE: S. M. Peyton (Degree or title): M.D. ADDRESS: Crisfield DATE SIGNED: Aug 5 1951

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF: Aug. 5, 1951
NAME OF CEMETERY OR CREMATORY: Mariners Cemetery
LOCATION (City, town, or county) (State): Crisfield, Md.

DATE REC'D BY LOCAL REG.: 8-3-51
REGISTRAR'S SIGNATURE: Bettye W. Tyler
24. FUNERAL DIRECTOR: Bradshaw Funeral Parlors, ADDRESS: Crisfield.

290636

RECEIVED
AUG 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

08314

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sackertown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Sackertown Rd.

3. NAME OF DECEASED (Type or Print) (First) Archiebald (Middle) Sterling (Last)

4. DATE OF DEATH (Month) Aug (Day) 1 (Year) 1951

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH July 26, 1878
9. AGE last birthday 73 yrs. If under 1 year Months 0 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Crabbing & Oysters
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Luther Sterling
14. MOTHER'S MAIDEN NAME Mary Ellen Sterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Linwood Sterling, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Multiple Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6-7 mo.

332 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) c̄ hemiplegia left side

83 b (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1950, to Jan, 1951, that I last saw the deceased alive on Aug 1, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.

SIGNATURE C G Rawley (Degree or title) Md. ADDRESS Crisfield, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF Aug 3, 1951
NAME OF CEMETERY OR CREMATORY Asbury Cem.
LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REG. 8/3/51
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward S. Covington, ADDRESS Crisfield, Md

21/26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

8315

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield Rt.# 2
STREET ADDRESS (If rural, give location) Hopewell Section

3. NAME OF DECEASED (Type or Print) (First) DORIS (Middle) ANN (Last) WARD

4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1951

5. SEX female

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Aug. 22, 1951

9. AGE last birthday ---- yrs. If under 1 year: Months -- Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ------

10b. KIND OF BUSINESS OR INDUSTRY ------

11. BIRTHPLACE (State or foreign country) Crisfield Rt.#2, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Clifford D. Ward

14. MOTHER'S MAIDEN NAME Arena McGriff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Clifford D. Ward--Rt.#2-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tetanus — Interval between onset and death: 3 days.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

12 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 26, 1951, to Aug. 29, 1951, that I last saw the deceased alive on Aug 29, 1951, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. G. Rawlen M.D. ADDRESS Crisfield Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Aug. 30, 1951

NAME OF CEMETERY OR CREMATORY Hopewell M E Cemetery

LOCATION (City, town, or county) (State) Crisfield Rt.#2, Md.

DATE REC'D BY LOCAL REG. 8/30/51

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors, Crisfield

4 [illegible] 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A13

MARYLAND STATE DEPARTMENT OF HEALTH

08316

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 262

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Pocomoke
LENGTH OF STAY (In this place) minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS on Penn R R tracks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
HERMAN	HENRY	WATERS	Aug 12, 1951 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	Aug 1, 1919	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Chicken	Maryland	US

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Waters	Mollie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	218-20-5550	John Waters, RFD, Pocomoke, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

802.8 **Immediate cause** (a) Fractured skull + Multiple injuries

169 **Antecedent cause(s)** Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

HENRY M. LANKFORD, M.D.
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Penn. Railroad Tracks - Near (CITY OR TOWN) Pocomoke (COUNTY) Somerset (STATE) Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY Aug. 12 1951 ?A.m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Struck by Train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Henry M Lankford M D	69 Prince Wm ST, Princess Anne Md	8/13/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Aug 14, 1951	Christ ME Cemetery	RFD, Pocomoke, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/13/51	Mrs. Ornelle Bozman	Henry H. Watson, Pocomoke, Md.	

820105

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AUG 16 1951
BUREAU V. S.

Item 7 FilmG135 9/4/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

08317

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH — COUNTY: Somerset Country MARYLAND Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hall of this life
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Marion

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Somerset County COUNTY: Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Marion Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) L (Middle) Jolly (Last) White
4. DATE OF DEATH: (Month) Aug (Day) 20 (Year) 1951
5. SEX: Male
6. COLOR OR RACE: Color
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Dec 12 1873
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lutitia Cowbourn
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Titus White
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Sadie Johnson, Marion, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia - Acute Dil of Heart — Interval Between Onset and Death: History 1 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis & Nephritis — not known

422.1 93d (c) General Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 17, 1951, to Aug 20, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: George C. Coellman MD (Degree or title) ADDRESS: Marion Md DATE SIGNED: 8/20/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: August 25, 1951
NAME OF CEMETERY OR CREMATORY: Family Cemetery
LOCATION (City, town, or county) (State): Marion Station, Md.
DATE REC'D BY LOCAL REG.: August 22, 1951
REGISTRAR'S SIGNATURE: Betty Massey
24. FUNERAL DIRECTOR: George W. Tilghman, ADDRESS: Marion, Md.

020105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

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AUG 27 1951
BUREAU V. S.